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CONFIRMATION NO. 8306

Bib Data Sheet

SERIAL NUMBER 09/698,970	FILING DATE 10/27/2000 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. APP 1206-US					
APPLICANTS ✓ Joseph C. Liberti, Howell, NJ; J.E. Joseph E. Wilkes, Middletown, NJ; Paul G. Zablocky, Shrewsbury, NJ;									
** CONTINUING DATA ***** ✓ This appln claims benefit of 60/161,832 10/27/1999 J.E.									
** FOREIGN APPLICATIONS ***** ✓ J.E. N/A									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/04/2001									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>J.E.</u> Initials </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY NJ </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 5 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 23 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 5 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>J.E.</u> Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 5
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ADDRESS 09941 TELCORDIA TECHNOLOGIES, INC. ONE TELCORDIA DRIVE 5G116 PISCATAWAY , NJ 08854-4157									
TITLE Methods for establishing reliable communications between two points in a mobile wireless network									
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
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